

SUBMITTER'S COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

APR 22 2014

Bayfield Co. Zoning Dept.

ENTERED

Permit #:	14-0084
Date:	5-27-14
Amount Paid:	\$854.00-14
Refund:	\$176.40-14

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: FRED KING	Mailing Address: 210 IVY RD	City/State/Zip: WYOMING	Telephone: 651-464-2953
Address of Property: LINDA REMBLE	City/State/Zip: WYOMING	City/State/Zip: WYOMING	Cell Phone: 651-464-2953
Contractor: 87180 CO HWY J	Contractor Phone: BAYFIELD, WI 54814	Plumber: 54814	Plumber Phone: 54814
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone: 54814	Agent Mailing Address (Include City/State/Zip): 54814	Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION: SW 1/4, SW 1/4	Legal Description: (Use Tax Statement) PIN: 123 digits 04-006-3-50-01-09-3 03-000-15100	Recorded Document: (i.e. Property Ownership) Volume 1002 Page(s) 188	Subdivision: 1002
Section 02 , Township 5D N, Range 04 W	Town of: BAYFIELD	Lot Size: 630' X 619'	Acres: 8.80
<input type="checkbox"/> Shoreland <input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input type="checkbox"/> If yes--continue -->	Distance Structure is from Shoreline: 15100 feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage	If yes--continue -->	Distance Structure is from Shoreline: 15100 feet	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Value at Time of Completion * include donated time & material	Project: (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ 5000.00	<input type="checkbox"/> New Construction <input checked="" type="checkbox"/> 1-Story <input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> 1 <input type="checkbox"/> Municipal/City	<input type="checkbox"/> Addition/Alteration <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> 2 <input type="checkbox"/> (New) Sanitary Specify Type: ST	<input type="checkbox"/> Conversion <input type="checkbox"/> 2-Story <input type="checkbox"/> 3 <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: ST	<input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Basement <input type="checkbox"/> 3 <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> Run a Business on Property <input type="checkbox"/> No Basement <input type="checkbox"/> Portable (w/ service contract) <input type="checkbox"/> Compost Toilet	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well
<input type="checkbox"/> MOBILE HOME	<input type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length: 70	Width: 14	Height: 8
Proposed Construction:	Length: 70	Width: 14	Height: 8

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> with Loft	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> with a Porch	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input checked="" type="checkbox"/> with (2 nd) Deck	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> with a Deck	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> with (2 nd) Deck	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> with Attached Garage	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input checked="" type="checkbox"/> Mobile Home (manufactured date) 1985	(<input type="checkbox"/> X <input type="checkbox"/>)	896
	<input type="checkbox"/> Addition/Alteration (specify) 1985	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> Accessory Building (specify) 1985	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) 1985	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> Special Use: (explain) 1985	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> Conditional Use: (explain) 1985	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> Other: (explain) 1985	(<input type="checkbox"/> X <input type="checkbox"/>)	

Rec'd for Issuance

Secretarial Staff

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): **Fred King** Date **4/22/14**

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: **Linda Remble** Date **4/22/14**

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit **Bayfield County** Copy of Tax Statement **Bayfield County**

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

SEE ATTACHED

Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	170 ± Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	150 ± Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	250 ± Feet	Setback from Wetland	Feet
Setback from the South Lot Line	275 ± Feet	Setback from 20% Slope Area	Feet
Setback from the West Lot Line	150 ± Feet	Elevation of Floodplain	Feet
Setback from the East Lot Line	275 ± Feet		
Setback to Septic Tank or Holding Tank	5 Feet	Setback to Well	Feet
Setback to Drain Field	10 Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

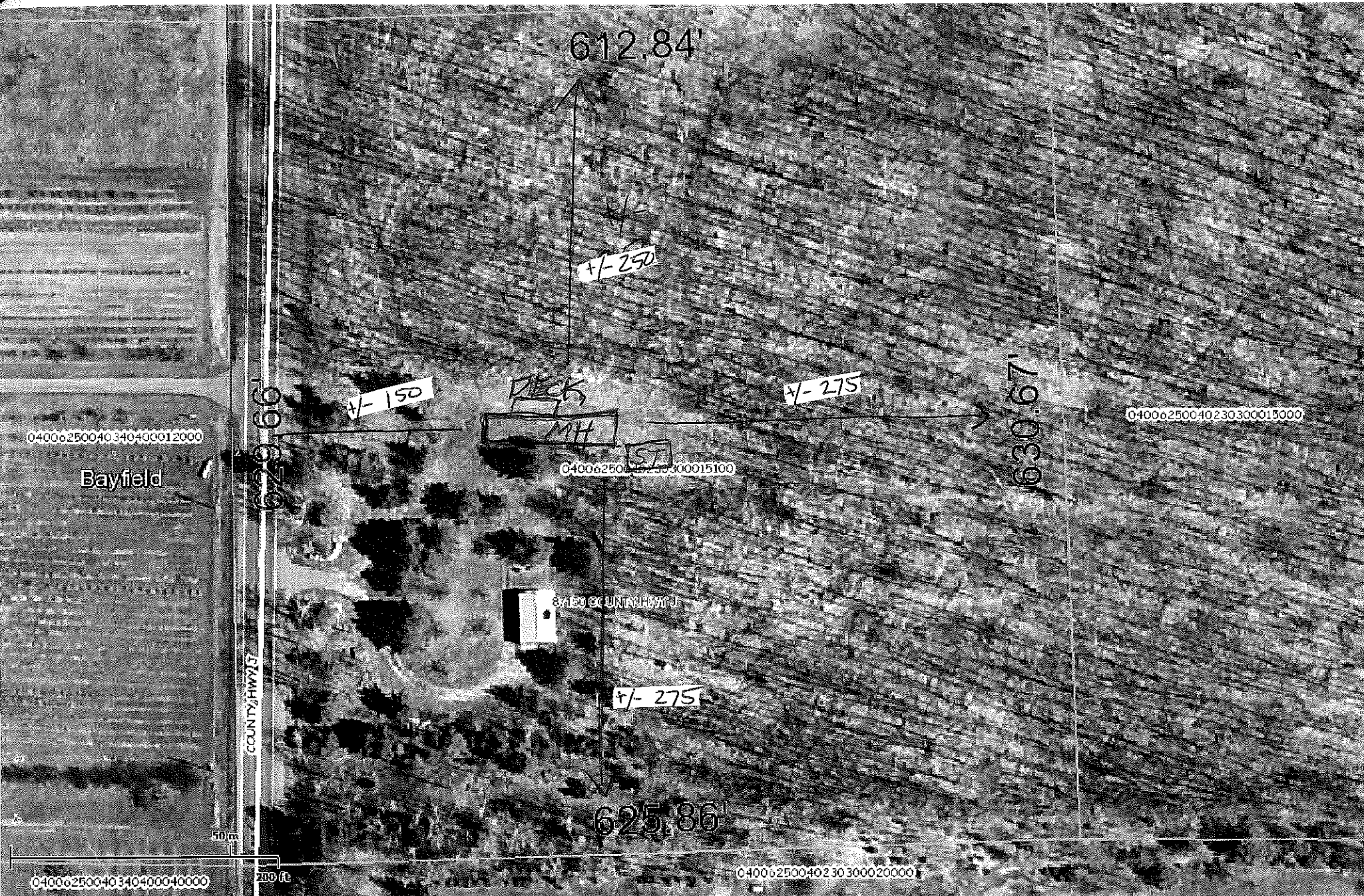
For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 12-1065	# of bedrooms: 3	Sanitary Date: 9/12/2012
Permit Denied (Date):		Reason for Denial:		
Permit #: 14-0084		Permit Date: 5-27-14		
<input type="checkbox"/> Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes (Deed of Record)	<input type="checkbox"/> No	
<input type="checkbox"/> Is Parcel in Common Ownership		<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input type="checkbox"/> No	
<input type="checkbox"/> Is Structure Non-Conforming		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Case #: _____		Case #: _____		
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Inspection Record: SITE STAKED - APPLICANT COMPLETED PER OWNER REPRESENTATION				
Date of Inspection: 5-20-14		Inspected by: J. Clemons & Murphy		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)				
Signature of Inspector: _____		Date of Approval: 5-22-14		
Hold For Sanitary: <input type="checkbox"/> _____		Hold For TBA: <input checked="" type="checkbox"/> _____		Hold For Affidavit: <input type="checkbox"/> _____
		Hold For Fees: <input type="checkbox"/> _____		<input type="checkbox"/> _____

Bayfield County, WI

ing



Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

CHILD

DATE STAMP (RECEIVED)
MAY 20 2014

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ 80,000	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<u>Stairway</u>	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input checked="" type="checkbox"/> None
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement		<u>Stairs</u>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<u>None</u>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement		<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<u>new</u>
	<input checked="" type="checkbox"/> Lakeshore Stair	<input checked="" type="checkbox"/> Stairway			<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) are responsible for the accuracy and adequacy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be assessed by Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show location of: **Proposed Construction**
- (2) Show / Indicate: **North (N)** on Plot Plan
- (3) Show location of (*): **(*) Driveway and (*) Frontage Road** (Name Frontage Road)
- (4) Show: **All Existing Structures** on your Property
- (5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
- (6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
- (7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**

* See Site map Attached

Also attached -

- Plans
- Aerial photo showing existing
- Engineering - left as stamp

Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	366 Feet	Setback from the Lake (ordinary high-water mark)	78 D Feet
Setback from the Established Right-of-Way	N/A Feet	Setback from the River, Stream, Creek	On Bank Feet
Setback from the North Lot Line	466 Feet	Setback from the Bank or Bluff	
Setback from the South Lot Line	lake slope 7 Feet	Setback from Wetland	
Setback from the West Lot Line	67 Feet	Setback from 20% Slope Area	
Setback from the East Lot Line	67 Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	N/A Feet	Setback to Well	N/A Feet
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:		Sanitary Date:
Permit Denied (Date):		Reason for Denial:		N/A	
Permit #: 14-0085		Permit Date: 5-27-14			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input checked="" type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		Case #:	
<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Were Property Lines Represented by Owner	
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Was Property Surveyed	
Inspection Record:				Zoning District (WLB) Lakes Classification 4 special	
Date of Inspection: 4-9-14		Inspected by: J. CROONENBURG		Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If No they need to be attached.					
all landings shall be less than 40 sq ft. Land disturbing activity for all stone patio shall be less than 200 sq ft & shall be located w/in 30 ft viewing corridor. All shall be constructed using best management practices for erosion control.					
Signature of Inspector:				Date of Approval: 5-27-14	
Hold For Sanitary: <input type="checkbox"/>		Hold For BA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>	
				Hold For Fees: <input type="checkbox"/>	

Sub @ back necessary per engineer approval & sign-off



Bayfield County GIS

X: 820852.47, Y: 531605.96

Unlabeled



Home



Compass



Layers



Help



Full Screen

Current Action: Re-center Map



Current theme:
Land Records

04000250042330012907000

04000250042330012908000

04000250042330012909000

04000250042330012910000

04000250042330012911000

04000250042330012912000

Bayfield

ONE QUARTER CORNER

** current stairway walkway
* proposed to be in approximately
the same location*